

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4			
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.											
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.											
1. CONTRACT/PURCH ORDER NO. F34601-01-G-0007			2. DELIVERY ORDER NO. UB5H		3. DATE OF ORDER (YYMMDD) 2003 NOV 05		4. REQUISITION/PURCH REQUEST NO. YPE03254000042		5. PRIORITY DOA1		
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus,OH 43216-5010 Local Administrator: PCCACGD (614)692-7495 / FAX: (614)692-6929 E-mail: Patricia.McMurray@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S1403A DCMA CHICAGO 1523 WEST CENTRAL ROAD, BLDG. 203 ARLINGTON HEIGHTS, IL 60005-2451 CRITICALITY: B				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR CODE 26916 NORTHROP GRUMMAN SYSTEMS CORPORATION - ES-DSD 600 HICKS RD ROLLING MEADOWS IL 60008-1098				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 420 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15					
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0339 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2003 OCT 13, JN-MO-03-632 Q3051 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150											
18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICE 20. QUANTITY ORDERED/ACCEPTED* 21. UNIT 22. UNIT PRICE 23. AMOUNT											
<div style="display: flex; justify-content: space-between;"> <div> Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. </div> <div> TOTAL: 12 </div> </div>											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				24. UNITED STATES OF AMERICA Harold Campbell PCCAAARQ BY: CERTIFYING/ORDERING OFFICER NO. _____		25. TOTAL \$ 8604.00 29. DIFFERENCE 30. INITIALS					
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				32. PAID BY 33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO.		36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Order Number: F34601-01-G-0007-UB5H	PAGE 2	OF PAGES 4
<p>FOB, Inspection and Acceptance shall be at: Contractors Plant.</p> <p>Varition in quantity limited to: Plus _0_%, Minus _5_%.</p> <p>The Northorop Grumman Provision Q3051, their "Vanishing Vendor Clause" is considered incorporated by reference.</p> <p>All other terms and conditions of the cited BOA apply.</p>			

CONTINUATION SHEET

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SECTION B

PR YPE03254000042
NSN 5962-01-298-9591

ITEM DESCRIPTION:

MICROCIRCUIT, LINEAR

CRITICAL APPLICATION ITEM

NORTHROP GRUMMAN SYSTEMS CORPORATIO (26916) P/N 058-002643-001

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03254000042	0001	12	EA	\$717.00000	\$8604.00

QTY VARIANCE: PLUS 0% MINUS 10%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = M:
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY
SUPPLEMENTAL INSTRUCTIONS

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 DEC 29

PARCEL POST/FREIGHT ADDRESS:

SW3119
DEF DIST DEPOT WARNER ROBINS
455 BYRON STREET BLDG 376
ROBINS AFB GA 31098-1887

CONTINUED ON NEXT PAGE

SECTION B

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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